

Newton County Juvenile Drug Court Participant Exit Interview

**You can help improve Juvenile Drug Court by answering these questions.
Your honesty is appreciated.**

Your Name: _____ Days Clean: _____ Date: _____
(optional)

Are you still in school? Yes No Name of School: _____

While in Drug Court were you in: (Mark all that apply) Home Foster Care
Relative Placement Residential Care Multiple Foster Placements

What town(s) did you live in while in Drug Court? _____

1. How was your Drug Court experience?
2. Overall, how would you rate this program? (Please explain your answer)
Very Bad Bad Okay Good Very Good
3. How useful was it to go before the judge for progress reports? (Please explain your answer)
Very Bad Bad Okay Good Very Good
4. How useful was the substance abuse treatment you received? (Please explain your answer)
Very Bad Bad Okay Good Very Good
5. What do you think would have happened to you in court and in your life if you had not participated in Drug Court?
6. What do you like best about the Juvenile Drug Court Program?
 - 1.
 - 2.
7. What do you like least about the Juvenile Drug Court Program?
 - 1.
 - 2.

8. I currently participate in the following activities: (Check all that apply)
 Sports Hobbies Volunteer job Employed part-time
 Employed full-time other: _____
9. How would you describe your friends?
 I don't have any friends, really
 My friends are mainly a bad influence
 My friends are a pretty good influence on me
10. Did you make new friends while in the drug court program?
 No, I didn't really make any friends
 Yes, but I didn't really like them
 Yes, but I have lost touch with them
 Yes, and we are still friends
11. Are you attending any meetings? (Check all that apply)
 Alcoholics Anonymous Narcotics Anonymous Church Group
 Other: _____
12. Are you involved in a gang?
 Yes, member Yes, affiliated No, not involved
13. Have you had additional referrals to the Juvenile Office while in drug court?
 Yes No
 (If yes, how many?)
14. Did you have any relapses while in the Drug Court Program?
 Yes No
 (If yes, how many and what substance?)
15. Did you successfully complete the Drug Court Program?
 Yes No
16. If terminated from the Drug Court Program, why?
 Continued Drug Use
 Poor Behavior

How are you doing?

Since starting Drug Court: (circle on number for each item below)	Worse(overall things are not as good as before I was in Drug Court)		No Change (really about the same as) before drug court	Improved(things have been better since drug court)	
Relationships with caretakers have	1	2	3	4	5
Attendance at school has	1	2	3	4	5
Grades at school have	1	2	3	4	5
Relationships with friends have	1	2	3	4	5
Relationships with teachers have	1	2	3	4	5

